

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Luis F Zapata

Write the full name of each plaintiff.

No. \_\_\_\_\_  
(To be filled out by Clerk's Office)

-against-

**COMPLAINT**  
(Prisoner)

N.Y.P.D. OFFICER 5120 PCT

JEFFREY STAFANSKI) CHRISTOPHE BANNON)

Do you want a jury trial?  
☐ Yes ☐ No

SIMONE MICHAEL) DOM BLACK, DAVID

LEE, MALDONADO) CANNATA) ATTORNEY: VITALIANO, MICHAEL EDGAR

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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SDNY PRO SE OFFICE

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Luis F Zapata  
First Name Middle Initial Last Name

Luis Zapata  
State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

541-230-0341  
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

INC 15 Hazen St East Elm Hurst  
Current Place of Detention

INC 1500 Hazen St East Elm Hurst  
Institutional Address

NEW YORK NY 11370  
County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee  
☐ Civilly committed detainee  
☐ Immigration detainee  
☐ Convicted and sentenced prisoner  
☐ Other: \_\_\_\_\_

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

JEFFREY STEFANSKI # 937584  
 First Name Last Name Shield #  
DT3 206-CENTRAL ROBBERY DIVISION 120 PRECINCT  
 Current Job Title (or other identifying information)  
120 Precinct Richmond Ter  
 Current Work Address  
staten island NY 10301  
 County, City State Zip Code

Defendant 2:

CHRISTOPHE BANNON 921137  
 First Name Last Name Shield #

SUPV.  
 Current Job Title (or other identifying information)  
120 Precinct 78 Richmond Ter  
 Current Work Address  
staten island NY 10301  
 County, City State Zip Code

Defendant 3:

SIMONE MICHAEL 948136  
 First Name Last Name Shield #

SUPERVISOR. APPROVING. NYP.D  
 Current Job Title (or other identifying information)

120 Precinct 78 Richmond Ter  
 Current Work Address

staten island NY 10301  
 County, City State Zip Code

Defendant 4:

DOM BLACK DAVID 963875  
 First Name Last Name Shield #

REPORTING, INVESTIGATING M.P.S. NAME C. 120 P.C.T. N.Y.D.P  
 Current Job Title (or other identifying information)

120 Precinct 78 Richmond Ter  
 Current Work Address

state island NY 10301  
 County, City State Zip Code

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

LEE malDONADO 948083  
 First Name Last Name Shield #  
 DT3-580 warrant section - cmd  
 Current Job Title (or other identifying information)  
 120. Precinct 78 Richmond Tr  
 Current Work Address  
 state island NY 10301  
 County, City State Zip Code

Defendant 2:

CANNATA 943044  
 First Name Last Name Shield #  
 signOFF SUPERVISOR SGT  
 Current Job Title (or other identifying information)  
 120. Precinct 78 Richmond Tr  
 Current Work Address  
 State island NY 10301  
 County, City State Zip Code

Defendant 3:

vitaliano michael, edgar  
 First Name Last Name Shield #  
 DEFENSE ATTORNEY  
 Current Job Title (or other identifying information)  
 1492. VICTORY BLVD  
 Current Work Address  
 state island NY 10301  
 County, City State Zip Code

Defendant 4:

First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address  
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: 164-winter-Ave state island. Home

Date(s) of occurrence: on, 5-4-2023

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

THE INVOLVEMENT OF ALL OFFICERS THAT FALL UNDER  
THE CHAIN COMMAND.

THE HAND CUFFS WAS TOO TIGHT, NO ONE  
WANTED TO REMOVE THE CUFF WHEN I WAS  
ON TRANSPORT TO 120 Precinct

I WAS SCREAMING TO THE TOP OF MY  
LUNGS - I'M ASKING EACH OFFICER FOR  
E.M.S. HELP...

OFFICERS LAUGHING SAYING

I SHOULDN'T PUT MY HANDS ON MY EX-WIFE.

I REQUESTED FOR E.M.S. HELP FOR MY SHOULDER  
PAIN AND MY HANDS CAUSE THE SWELLING  
FOR THE HAND CUFF,

OFFICERS WERE CAUSING HARM BY NOT  
PROVIDING ME MEDICAL ASSISTANCE

OFFICERS MAKING FALSE INFORMATION  
AND FALSE PROSECUTION

ATTORNEY: vitaliano michael edward  
INEFFECTIVE, AS STAND ON MY DEFENSE

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

INJURIES - causing pain on my SHOULDER  
INJURIES emotional  
INJURIES Financial

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

TO Pay FOR damages. acorde TO  
THE Law

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

4-16-2024  
Dated

Luis F Zapata  
First Name Middle Initial Last Name

INC 1500 Hazen, St East Elmhurst  
Prison Address

New York NY 11370  
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: \_\_\_\_\_



From: Luis F Zapata  
B.C. 541 230 0341  
I.N.C. 1500 Hazen  
ST. 6500kt  
EAST Elmhurst N.Y 11370

7022 1670 0088 0098



CERTIFIED MAIL

UNITED STATES POSTAL SERVICE  
FIRST CLASS PERMIT NO. 10007 NEW YORK, NY

Retail



10007

RDC 99

SDNY  
JMP

To  
PROSE intake unit  
500 Pearl St  
New York - N.Y 1000